

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

11 APR 8 PM 2:55
A Public Document

11 APR -4 P4:32

CITY OF CHULA VISTA
CITY CLERK'S OFFICE
L

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

BENSOUSSAN

PAMELA

1. Office, Agency, or Court

Agency Name

CITY OF CHULA VISTA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILWOMAN

► If filing for multiple positions, list below or on an attachment.

Agency: N/A

Position: N/A

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of CHULA VISTA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is / / , through December 31, 2010.

☐ Leaving Office: Date Left / /
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ Assuming Office: Date / /

☐ Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 4/4/2011
(month, day, year)

Signature

COVER PAGE

11 APR -1 P4:46

Please type or print in ink.

NAME OF FILER (LAST) BENSOUSSAN (FIRST) PAMELA
CITY OF CHULA VISTA
CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name

CITY OF CHULA VISTA- CITY COUNCIL

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILWOMAN

► If filing for multiple positions, list below or on an attachment.

Agency: N/A

Position: N/A

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of CHULA VISTA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

(d)(5)

Date Signed 04/01/2011
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BENSOUSSAN, PAMELA

▶ 1. BUSINESS ENTITY OR TRUST

PAMELA BENSOUSSAN, APPRAISER

Name
616 SECOND AVENUE, CHULA VISTA CA 91910

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
APPRAISAL SERVICES

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION **OWNER, APPRAISER**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

BENSOUSSAN ESTATE SERVICES

Name
616 SECOND AVENUE, CHULA VISTA CA 91910

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CONSULTING

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ S-CORPORATION

YOUR BUSINESS POSITION **SHAREHOLDER, DIRECTOR**

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☒ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

BENSOUSSAN, PAMELA

► STREET ADDRESS OR PRECISE LOCATION

616 SECOND AVENUE

CITY

CHULA VISTA, CA 91910

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BENSOUSSAN, PAMELA

▶ NAME OF SOURCE <u>CHULA VISTA NATURE CENTER</u> ADDRESS (Business Address Acceptable) <u>1000 GUNPOWDER POINT DRIVE, CHULA VISTA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>VARIOUS</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>05 / 15 / 10</u></td> <td>\$ <u>95.00</u></td> <td><u>ADMISSION</u></td> </tr> <tr> <td><u>01 / 28 / 10</u></td> <td>\$ <u>50.00</u></td> <td><u>BETTER EVENTS</u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>05 / 15 / 10</u>	\$ <u>95.00</u>	<u>ADMISSION</u>	<u>01 / 28 / 10</u>	\$ <u>50.00</u>	<u>BETTER EVENTS</u>	<u> / / </u>	\$ <u> </u>	<u> </u>	▶ NAME OF SOURCE <u>SAN DIEGO CHAPTER NECA</u> ADDRESS (Business Address Acceptable) <u>9350 WAXIE WAY SUITE 540, SAN DIEGO CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>INSTALLATION OF OFFICERS DINNER DANCE</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>01 / 09 / 10</u></td> <td>\$ <u>60.00</u></td> <td><u>DINNER</u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>01 / 09 / 10</u>	\$ <u>60.00</u>	<u>DINNER</u>	<u> / / </u>	\$ <u> </u>	<u> </u>	<u> / / </u>	\$ <u> </u>	<u> </u>
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<u> / / </u>	\$ <u> </u>	<u> </u>																							
▶ NAME OF SOURCE <u>NATIONAL CITY CHAMBER OF COMMERCE</u> ADDRESS (Business Address Acceptable) <u>901 NATIONAL CITY BLVD. , NATIONAL CITY</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>CENTENNIAL CELEBRATION</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>01 / 30 / 10</u></td> <td>\$ <u>75.00</u></td> <td><u>ADMISSION/ DINNER</u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>01 / 30 / 10</u>	\$ <u>75.00</u>	<u>ADMISSION/ DINNER</u>	<u> / / </u>	\$ <u> </u>	<u> </u>	<u> / / </u>	\$ <u> </u>	<u> </u>	▶ NAME OF SOURCE <u>CHICANO FEDERATION OF SAN DIEGO</u> ADDRESS (Business Address Acceptable) <u>3180 UNIVERSITY AVENUE, SAN DIEGO CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>ANNUAL GALA</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>10 / 16 / 10</u></td> <td>\$ <u>250.00</u></td> <td><u>DINNER</u></td> </tr> <tr> <td><u>05 / 07 / 10</u></td> <td>\$ <u>50.00</u></td> <td><u>LUNCH UNITY</u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>10 / 16 / 10</u>	\$ <u>250.00</u>	<u>DINNER</u>	<u>05 / 07 / 10</u>	\$ <u>50.00</u>	<u>LUNCH UNITY</u>	<u> / / </u>	\$ <u> </u>	<u> </u>
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<u> / / </u>	\$ <u> </u>	<u> </u>																							
▶ NAME OF SOURCE <u>OTAY MESA CHAMBER OF COMMERCE</u> ADDRESS (Business Address Acceptable) <u>9163 SIEMPRE VIVA RD., SAN DIEGO CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>ANNUAL DINNER PROGRAM</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>10 / 28 / 10</u></td> <td>\$ <u>70.00</u></td> <td><u>2 TICK DINNER</u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>10 / 28 / 10</u>	\$ <u>70.00</u>	<u>2 TICK DINNER</u>	<u> / / </u>	\$ <u> </u>	<u> </u>	<u> / / </u>	\$ <u> </u>	<u> </u>	▶ NAME OF SOURCE <u>SOUTH COUNTY ECONOMIC DEVELOPMENT</u> ADDRESS (Business Address Acceptable) <u>111 BAY BLVD. STE E, CHULA VISTA CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>ECONOMIC SUMMIT</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>09 / 17 / 10</u></td> <td>\$ <u>99.00</u></td> <td><u>ADMISSION</u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td>\$ <u> </u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>09 / 17 / 10</u>	\$ <u>99.00</u>	<u>ADMISSION</u>	<u> / / </u>	\$ <u> </u>	<u> </u>	<u> / / </u>	\$ <u> </u>	<u> </u>
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<u> / / </u>	\$ <u> </u>	<u> </u>																							

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

BENSOUSSAN, PAMELA

► NAME OF SOURCE

ALLIED WASTE

ADDRESS (Business Address Acceptable)

8514 MAST BLVD., SANTEE CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CV CHAMBER OF COMMERCE RECEPTION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 10	\$ 80.00	DINNER
12 / 01 / 10	\$ 35.00	POINSETTIA
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

DISTRICT AGRICULTURAL ASSOCIATION

ADDRESS (Business Address Acceptable)

2260 JIMMY DURANTE BLVD., DEL MAR CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LEADERSHIP LUNCHEON

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 23 / 10	\$ 71.00	LUNCHEON
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

NATIONAL CONFLICT RESOLUTION CENTER

ADDRESS (Business Address Acceptable)

625 BROADWAY, SAN DIEGO CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PEACEMAKER AWARDS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 10	\$ 175.00	DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

BEST BEST & KRIEGER

ADDRESS (Business Address Acceptable)

3750 UNIVERSITY AVE, RIVERSIDE CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CLIENT APPRECIATION DINNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 10	\$ 60.00	DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

CASA FAMILIAR

ADDRESS (Business Address Acceptable)

122 WEST HALL AVE, SAN DIEGO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ANNUAL BASTILLE DAY CELEBRATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 10 / 10	\$ 125.00	ADMISSION
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

PLANNED PARENTHOOD

ADDRESS (Business Address Acceptable)

1075 CAMINO DEL RIO SOUTH, SAN DIEGO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ANNUAL DINNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 10	\$ 100.00	DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BENSOUSSAN, PAMELA

► NAME OF SOURCE
APWA

ADDRESS (Business Address Acceptable)
1275 K STREET, NW STE 750, WASHINGTON DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ANNUAL DINNER DANCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 10	\$ 85.00	DINNER
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____